

RENUNCIATION OF STATUS REPORT DOMESTIC LIMITED LIABILITY PARTNERSHIP

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

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1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:

The above named limited liability partnership hereby renounces its
status as a registered limited liability partnership.

2. EFFECTIVE DATE OF THE RENUNCIATION (if other than the file date): ____/____/____.
Month Day Year

EXECUTION:

Dated this _____ day of _____, 20____.

3.

4.

Name of partner

Signature